

**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)
GENERAL PERMIT REGISTRATION STATEMENT FOR STORM WATER DISCHARGES
FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS [VAR06]**

(Please Type or Print All Information)

1. Regulated Small MS4

Name: _____

Location (County or City): _____

2. Regulated Small MS4 Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

3. Name(s) of the receiving water(s) into which the small MS4 discharges: _____

4. Attach a description of the Best Management Practices (BMP's) that the owner or another entity proposes to implement for each of the following storm water minimum control measures:

- (1) public education and outreach on storm water impacts,
- (2) public involvement/participation,
- (3) illicit discharge detection and elimination,
- (4) construction site storm water runoff control,
- (5) post-construction storm water management in new development and redevelopment, and
- (6) pollution prevention/good housekeeping for municipal operations.

5. For each of the BMP's described in (4), list the measurable goals for each BMP including, as appropriate, the months and years in which the required actions will be undertaken, including interim milestones and the frequency of the action.

6. Attach a list of the person or persons responsible for implementing or coordinating the small MS4 storm water management program.

7. Certification: "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name: _____ Title: _____

Signature: _____ Date: _____

For Department of Environmental Quality Use Only

DEQ-WATER FORM **SWGP-MS4-001-RS** (12/02)

Accepted/Not Accepted by: _____ Date: _____

Basin _____ Stream Class _____ Section _____ Special Standards _____